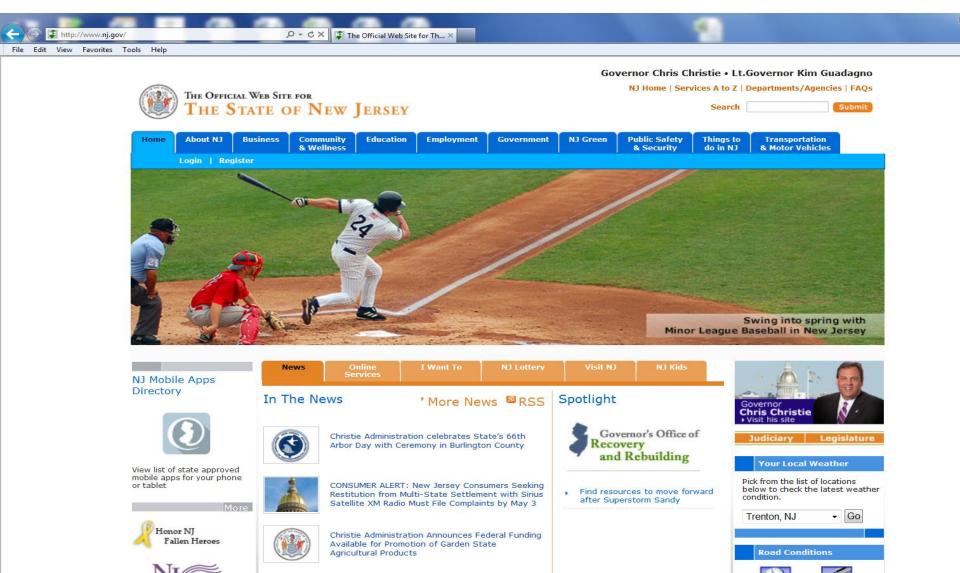
NJ Department of Health 2014 RTK Survey Instructions

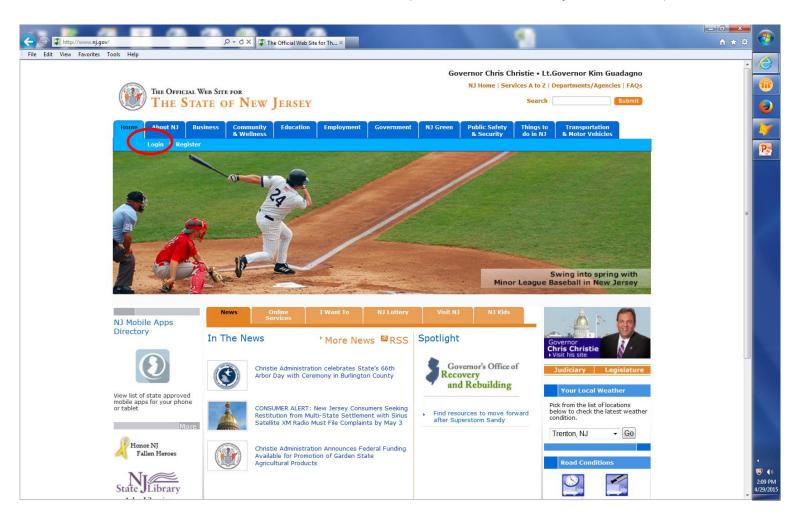
June, 2015

To access the Right to Know Survey(s) (RTK) open Internet Explorer and type in the address www.nj.gov then hit enter. This brings you to the "The Official Website For The State Of New Jersey.

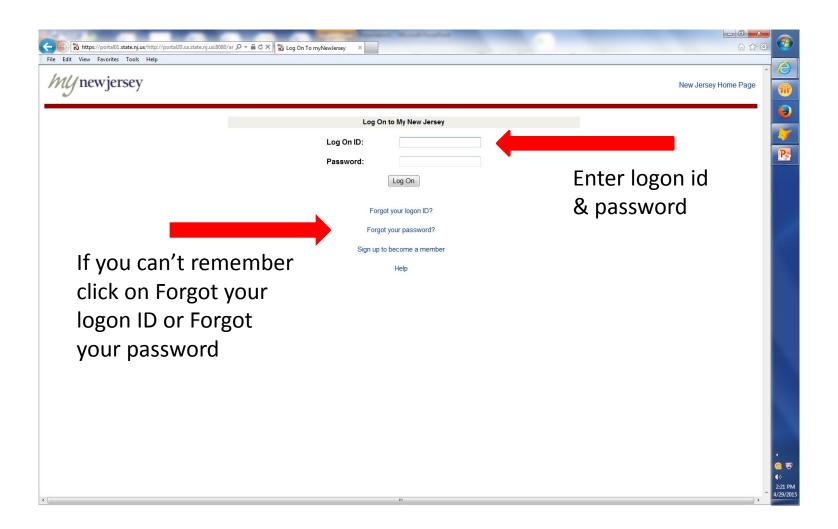


• If you have used the RTK Online Survey System in the past then click on Login and enter your logon id and password.

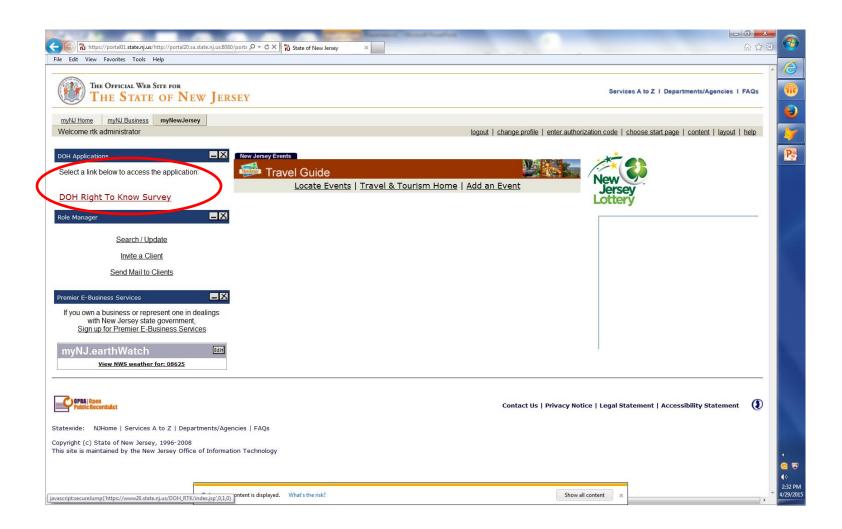
NOTE: If you have not used the RTK Online Survey System before you will need a myNewJersey portal account and must contact RTK to be added as a user (see 2013 RTK Survey Instructions).



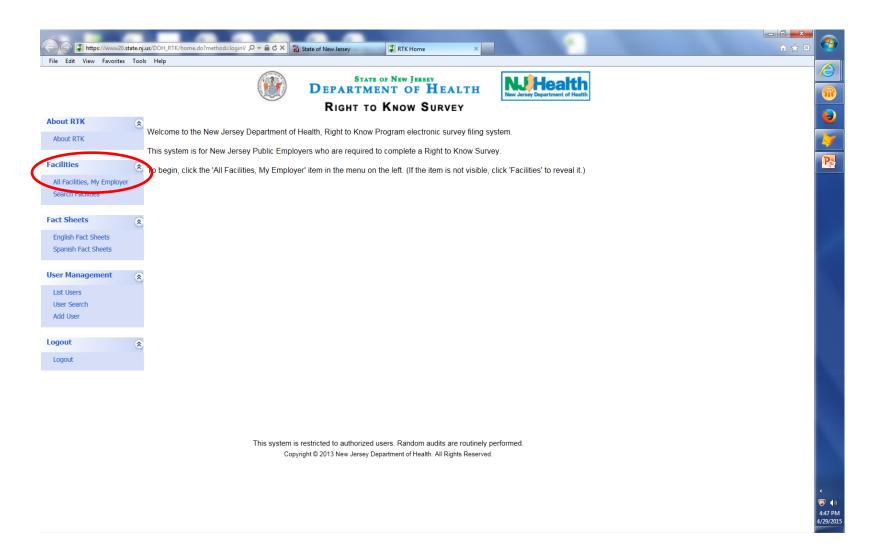
 You must log into the My New Jersey portal account that you accepted the RTK authorization code in. Accepting the authorization code sent to you in an e-mail from rtksurvey when you were added as a user gave you the link to RTK Surveys on your portal page.



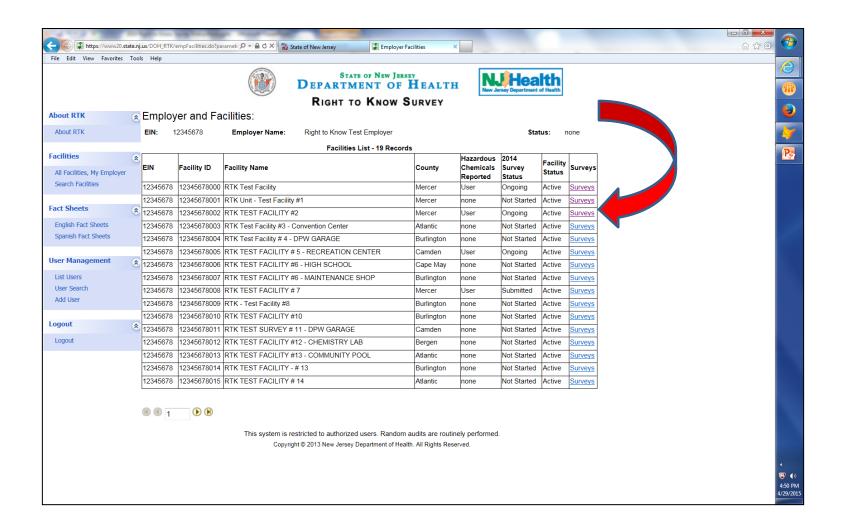
 Once you have logged into the My New Jersey portal click on the link DOH Right to Know Survey



 To get to your 2014 RTK Survey(s) under "Facilities" section click on "All Facilities, My Employer"



Identify which facility survey you would like to open and click on **Surveys**



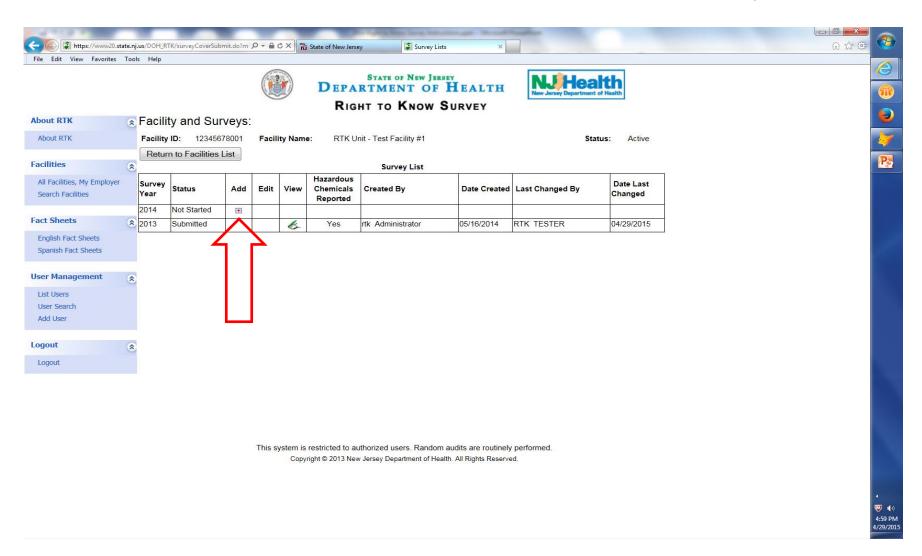
When opening the 2014 RTK Survey for the first time, click on the red plus "Add"

Add

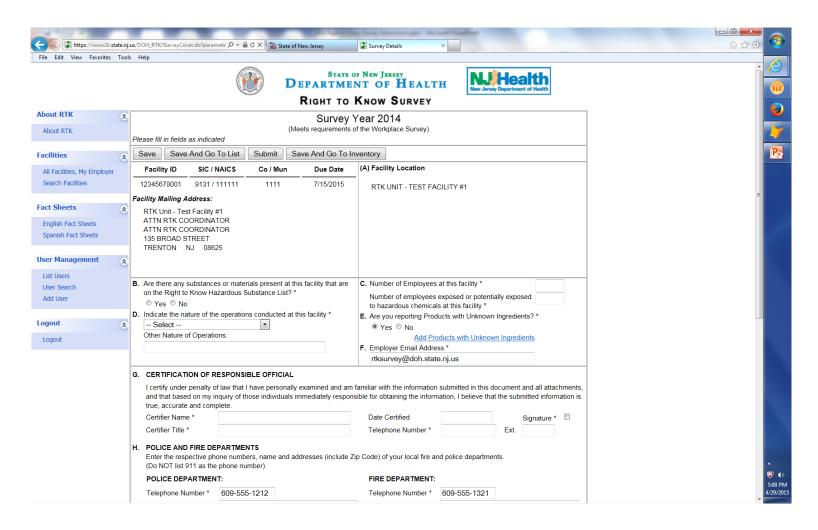
under the column heading

When opening the 2014 RTK Survey after you have added it you will click on red folder under column heading "Edit"

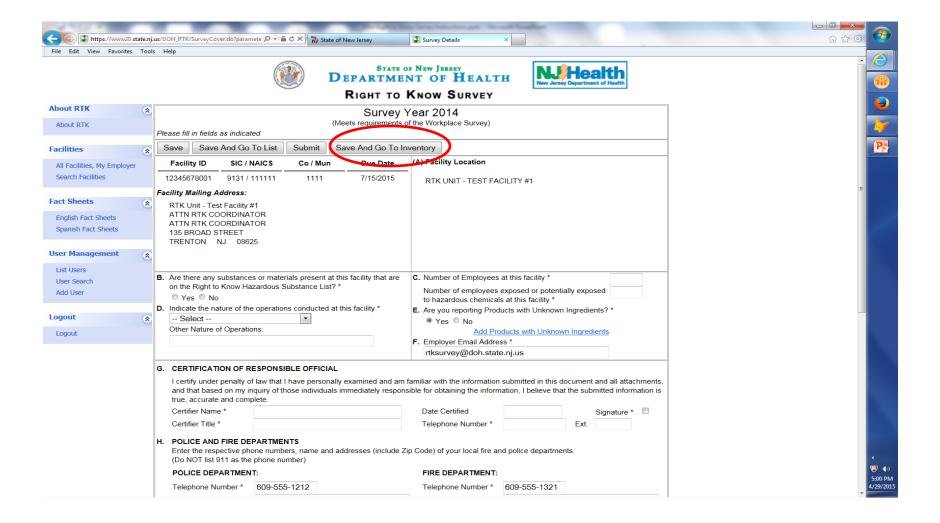




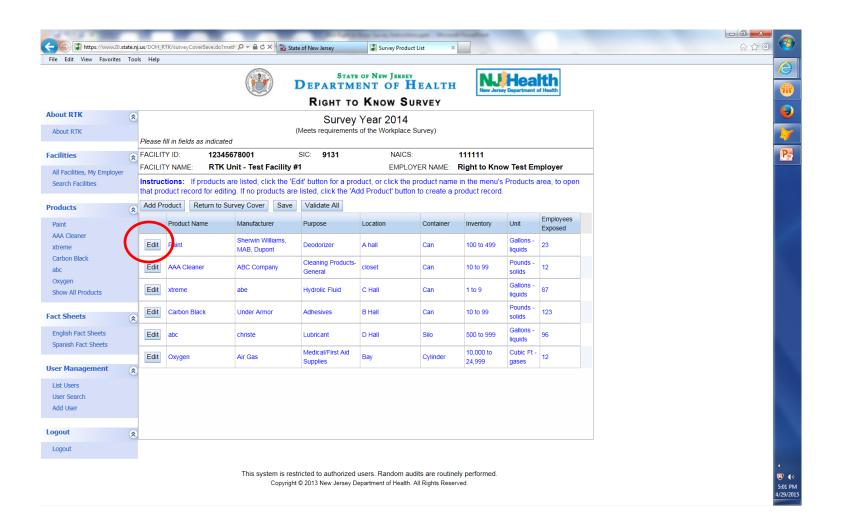
The survey cover page will open. Some information that was entered on the 2013 Survey will auto fill into the 2014 Survey and other information you will need to re-enter. All sections of the cover page must be completed with the exception of section "K", which should only be completed if you share a building with a different employer.



To view, add, or delete inventory click on "Save And Go To Inventory"

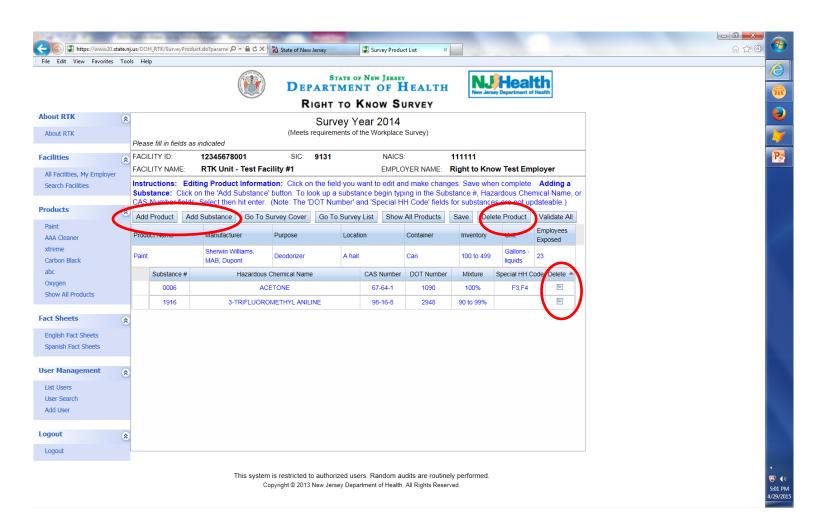


Inventory from the 2013 RTK Survey has been loaded into the 2014 RTK Survey. Please review all information for all products. If there has been "No Change" to any information, then "Return to Survey Cover" and your survey is ready to be submitted. If you need to make changes, click on "Edit" next to the product you want to change.

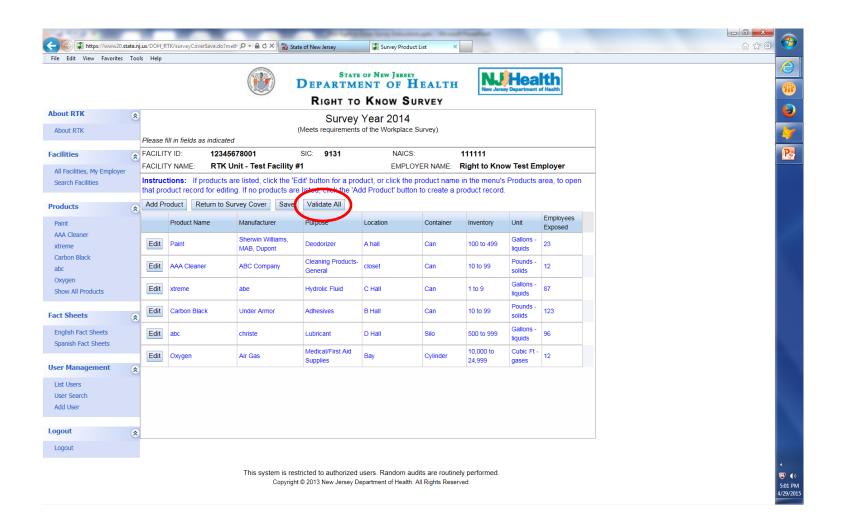


After clicking edit, the product information will open. Make changes to whatever needs updating. You can delete a Hazardous Chemical Ingredient by clicking on — under the Column Heading "Delete" or you can delete the entire product by clicking on "Delete Product.

Add Hazardous Chemical Ingredients and or Products by clicking on the "Add Product / Add Substance buttons.



To check for Errors (names of products with missing information) click on "Validate All"



Click on "Return to Survey Cover" to submit your 2014 RTK Survey



When you are ready to submit your survey, click the signature box, enter your telephone number and then click on "Submit"

Survey Year 2014 (Meets requirements of the Workplace Survey)										
Please fill in fields as indicated										
5	Save Save And Go To List Submit Save And Go To Inv					Printable Su	rvey			
	Facility ID S	SIC / NAICS	Co / Mun	Due Date	(A) Facili	ity Location				
1	12345678001 91	131 / 111111	1111	7/15/2015	RTK	UNIT - TEST FA	CILITY #1			
Facility Mailing Address:										
RTK Unit - Test Facility #1 ATTN RTK COORDINATOR ATTN RTK COORDINATOR 135 BROAD STREET TRENTON NJ 08625										
В.	Are there any substances or materials present at this facility that are					er of Employees	at this facility *		15	
	on the Right to Know Hazardous Substance List? * ● Yes ○ No					er of employees			12	
D.	One of the operations conducted at this facility * One of the operations conducted at this facility *					ardous chemical	-		2 *	
	Garage ▼ Other Nature of Operations:				E. Are you reporting Products with Unknown Ingredients? *					
					Add/Edit Products with Unknown Ingredients					
					F. Employer Email Address *					
-	rtksurvey@doh.state.nj.us									-
G.	G. CERTIFICATION OF RESPONSIBLE OFFICIAL I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.									
	Certifier Name *	rtk Admi	nistrator		Date C	Certified	06/03/2015		gnature * 🖳	'
	Certifier Title *	rtkadmin	istrator		Teleph	one Number *	609-984-220	02 Ext.		
Н.	POLICE AND FIRE DEPARTMENTS Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments. (Do NOT list 911 as the phone number)									
	POLICE DEPARTMENT:					FIRE DEPARTMENT:				
	Telephone Numbe	elephone Number * 609-555-1212 epartment Name * Any Police Department		Teleph	none Number *	609-555-1321 Any Fire Department				
	Department Name			Depar	tment Name *					
	Address * 1 Main Street			Addres	ss *	2 Main Street				
	City * Anytown			City *		Anytown				
	State *, Zip *	NJ	▼ 08600		State 3	*, Zip *	NJ 🔻 (08055		

When you have submitted your survey the "Status" will say "submitted" and the red folder in the "Edit" column will disappear. From now on you will have "View" Only. You will always be able to print a copy of your survey fro the by selecting "View" and then "Printable Survey"



DEPARTMENT OF HEALTH



RIGHT TO KNOW SURVEY

